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Bib Data Sheet

CONFIRMATION NO. 9565

| | | | | |
|-----------------------------|-----------------------------------|--------------|--------------------------------|-------------------------------------|
| SERIAL NUMBER 09/941,682 | FILING DATE 08/30/2001 RULE | CLASS 705 | GROUP ART UNIT 2165 7165 | ATTORNEY DOCKET NO. 58511-021 |
|-----------------------------|-----------------------------------|--------------|--------------------------------|-------------------------------------|

APPLICANTS

Christian Mayaud, New Canaan, CT;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/201,107 11/30/1998
 WHICH IS A CON OF 08/330,939 10/28/1994 PAT 5,737,539 *
 (*) Data inconsistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/20/2001

| | | | | | |
|---------------------------------|--|---------------------------|-------------------------|----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CT | SHEETS DRAWING 16 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

McDERMOTT, WILL & EMERY

600 13th Street, N.W.

Washington, DC 20005-3096

TITLE

Prescription management system

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|-------------------------------|---|--|
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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